United States Of America

Department of Transportation - Federal Abiation Administration

Supplemental Type Certificate

Number ST10193SC

This Certificate issued to

Addison Express L.L.C. 4500 Claire Chennault Dr. Addison, TX 75001

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 4b of the Civil Air Regulations.

Original Product Type Certificate Number:

A7EU

Make:

DASSAULT AVIATION

Model:

Fan Jet Falcon Series C, D, E and F

Mystere-Falcon 20 - Series C5, D5, E5 and F5

Description of Type Design Change: Installation of a vapor cycle (Freon, R-134a) air conditioning system for ground and in-flight cooling in accordance with Addison Express Drawing List Number 0030-02, Revision IR, dated January 20, 2003, or later FAA approved revision. FAA approved Airplane Flight Manual Supplement (ADX) FMS Z12-1-1, Revision IR, dated September 30, 2003, or later FAA approved revision is required.

Similations and Conditions. Compatibility of this design change with previously approved modifications must be determined by the installer. If the holder agrees to permit another person to use this certificate to alter the product, the holder shall give the other person written evidence of that permission.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: January 15, 2002

Date reissued :

Date of issuance: September 30, 2003

Date amended :

S. Prances Cox

Manager Special Certification Office

Southwest Region

(Title)

nature)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FA Regional Office of the transfer of the Supplemental Type Certificate.
The FAA will reissue the certificate in the name of the transferee and forward it to him.
TRANSFER ENDORSEMENT
Transfer the ownership of Supplemental Type Certificate Number
to (Name of transferee)
(Address of transferee)(Number and street)
(City, State, and ZIP code)
from (Name of grantor) (Print or type)
(Address of grantor) (Number & street)
(City, State, and ZIP code)
Extent of Authority (if licensing agreement):
Date of Transfer:
Signature of grantor (In ink):